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(((H180001838153)))



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		<u> </u>
To:		
	Division of Corporations	5
	Fax Number : (850)617-6380	H20
From:		<u> </u>
	Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.	
	Account Number : I19990000123	
	Phone : (727)397-5571	
	Fax Number : (727)393-5418	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Karen@dhclaw.com



06/20/2018	12:51 Seminole Title	(FAX)727 399 9790
		OF REGISTERED OFFICE OR REGISTERED AGENT OR NOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of t	the corporation: HARRY MCNEIL BUILDERS, INC.		
2. The principal	office address: 2587 Estancia Boulevard er, FL 33761		
	address (if different):		
4. Date of incorporation/qualification: 03/11/1999 Document number: P99000024064			
5. The name and	d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned)	with the	
	Peter T. Hofstra	1	
	8640 Seminole Boulevard	INIA .	
	Seminole, FL 33772	2018 JUN 20 SECRETAR TALLAHASS	TIF
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	office a	ED
	DeLoach, Hofstra & Cavonis, P.A.	FLORID	
	8640 Seminole Boulevard		
	P.O. Box NOT acceptable Seminole, FL 33772		

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer

Harry McNeil Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed mereby to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

P.002/002

If signing on behalf of an entity:

Dennis R. DeLoach, Jr., President

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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